## REST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/905036

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
7074 01 1115			(Column	1)	_ (Colu	mn 2)	. ]	TYPE [		OR	SMALL	ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER I	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			4 minus 20=		• 24			X\$ 9=		OR	X\$18=	432	
INDEPENDENT CLAIMS			6 minus 3 =		3			X40=		OR	X80=	240	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	·	
			less than zero, enter "0" in co			olumn 2	ı	TOTAL		OR	TOTAL	1382	
7-15-04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)										•	OTHER	THAN	
7-/5-04 (Column 1)			(Column 2) (Column				<u>.</u>	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 44	Minus	**	441	= /		X\$ 9=		OR	X\$18=		
	Independent	• Ø	Minus	EMPENI	6	= /		X40=	_	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +								+135=		OR	+270=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	] [	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	•	=	]	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	201 4114		11	X40=		OR	X80=		
<b>L</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>J</b>	+135=		OR	+270=		
								TOTAL		OR	TOTAL		
ADDIT. PEE ADDIT. PEE													
		(Column 1) CLAIMS		HIGH		(Column 3)	, ,				<del></del>		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		-	1	X40=		OR	X80=		
Ц	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
• 1	f the entry in colu	mn 1 is less than ti	ne entry in colu	ma 2. writi	e "O" in col	umn 3.	L	+135=		OR	+270=		
••	If the "Highest Nu	mber Previously Pa	aid For IN THIS	S SPACE I	s less that	n 20, enter "20.	. А	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		mber Previously Pa hber Previously Pa					er four	nd in the app	oropriate box	in <b>co</b> l	umn 1.		